

**SECTION:** CERTIFICATION

**SUBJECT:** Eligibility Requirement

**ITEM:** *Women: Biochemical*



**Policy** Participants determined eligible for program benefits based on a biochemical risk shall meet one or more of the criteria listed below. Risks apply to prenatal, nonbreastfeeding and breastfeeding women. Refer to WPM Section 230-10 for information regarding the priority ranks.

**Basis for policy** 7 CFR 246.7 (e)

**Biochemical criteria** The table below includes the biochemical criteria to assess nutritional needs of women. The priority levels are indicated for each category of women, and the ISIS code number and corresponding USDA risk code is provided in the far left column for reference. Please see the “WIC Policy Memorandum 98-9, Revision 1, WIC Nutrition Risk Criteria” for more detail regarding the USDA risk codes.

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITIONS	PRIORITY FOR PREGNANT WOMEN	PRIORITY FOR BREASTFEEDING WOMEN	PRIORITY FOR NON-BREASTFEEDING WOMEN
<b>B12</b> (201)	<b>Low Hemoglobin/Hematocrit In 1st/3<sup>rd</sup> Trimesters:</b> <ul style="list-style-type: none"> <li>Hgb 10.0 – 10.9,</li> <li>Hct 30 – 32.9</li> </ul>	I	N/A	N/A
<b>B12</b> (201)	<b>Low Hemoglobin/Hematocrit In 2<sup>nd</sup> Trimester:</b> <ul style="list-style-type: none"> <li>Hgb 10.0 – 10.4,</li> <li>Hct 30.0 – 31.9</li> </ul>	I	N/A	N/A
<b>B12</b> (201)	<b>Low Hemoglobin/Hematocrit in early postpartum:</b> <ul style="list-style-type: none"> <li>Hgb 10.0 – 11.9,</li> <li>Hct 30.0 – 35.6</li> </ul>	N/A	I	VI

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITIONS	PRIORITY FOR PREGNANT WOMEN	PRIORITY FOR BREASTFEEDING WOMEN	PRIORITY FOR NON- BREASTFEEDING WOMEN
<b>B13</b> <i>(201)</i>	<b>Very Low Hemoglobin/Hematocrit,</b> Any trimester or postpartum: <ul style="list-style-type: none"><li>• Hgb &lt; 10.0</li><li>• Hct &lt; 30.0</li></ul>	I	I	III
<b>B90*</b> <i>(349)</i>	<b>Other Congenital Blood Disorders:</b> Hereditary condition at birth that causes physical or metabolic abnormality; the condition must alter nutritional status metabolically and/or mechanically. (e.g., sickle cell anemia, thalassemia major)	I	I	III
<b>B92</b> <i>(211)</i>	<b>Lead Poisoning:</b> blood Lead $\geq$ 10 mcg/dl within past 12 months	I	I	III

\*Condition diagnosed by a physician as self-reported by the applicant/participant/caregiver.

**Altitude  
adjustment**

The following adjustments must be made to the biochemical values for persons who reside at elevations above sea level.

ALTITUDE IN FEET	ADJUSTMENT TO HEMOGLOBIN VALUE	ADJUSTMENT TO HEMATOCRIT VALUE
3000 – 3900	Subtract 0.2g/dl	Subtract 1%
4000 – 4900	Subtract 0.3 g/dl	Subtract 1%
5000 – 5900	Subtract 0.5 g/dl	Subtract 2%
6000 – 6900	Subtract 0.7 g/dl	Subtract 2%
7000 – 7900	Subtract 1 g/dl	Subtract 3%
8000 – 8900	Subtract 1.3 g/dl	Subtract 4%
9000 – 9900	Subtract 1.6 g/dl	Subtract 5%
≤ 10,000	Subtract 2.0 g/dl	Subtract 6%